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ABSTRACT

Designed for parents of children who stutter, the booklet is intended to help alleviate fears and give suggestions in planning a treatment program (when necessary). Stuttering is the popular term for fluency problems involving repeating or prolonging an unusual number of sounds or hesitating for an abnormally long period of time between sounds. Stuttering occurs in males three times as often as females and appears to run in families. Many children stop stuttering without formal help. Some of the factors which cause stuttering are lack of muscle coordination and emotional stress. The number of disfluencies, the duration of nonfluency, and the avoidance of certain words can all signal the need for help. The speech language pathologist can make a language evaluation to decide if treatment is indicated. Parents are advised to be open about their concerns; to let their child know that they do not blame him/her for the stuttering and are not angry. Different therapy programs, such as drugs and hypnosis are discussed. Addresses of organizations to write to for further information are listed. (PHR)

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Understanding Stuttering

by
EUGENE B. COOPER, Ed. D.

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THE AUTHOR . . .

Eugene B. Cooper, Ed.D., is professor of speech-language pathology, chairman of the Department of Communicative Disorders, and director of the Speech and Hearing Center at the University of Alabama. Among his more than fifty publications concerning stuttering is the book *Personalized Fluency Control Therapy*, which describes a therapy system he has developed during his twenty years of clinical practice and which he utilizes in the daily therapy he continues to maintain with persons who stutter.

Dr. Cooper has been president of both the Division for Children with Communication Disorders, Council for Exceptional Children, and the National Council of Graduate Programs in Speech and Language Pathology and Audiology. He has also been chairman of the Alabama Board of Examiners for Speech Pathology and Audiology. A fellow of the American Speech-Language-Hearing Association, he has served on the editorial boards of numerous periodicals, including the *Journal of Speech and Hearing Research; Language, Speech, and Hearing Services in Schools;* and the *Journal of Fluency Disorders.*

Dr. Cooper formerly held the position of program specialist for the Unit in Speech and Hearing, U.S. Office of Education, and of executive secretary of the Sensory Study Section, Research and Demonstrations Division, Rehabilitation Services Administration, Washington, D.C.

He has been associated with Easter Seal-supported camps for more than twenty years and continues to provide volunteer leadership to the Easter Seal organization in both Alabama and the Tuscaloosa area of the state. His wife is a public school speech-language pathologist; they have two sons.

Understanding Stuttering

INFORMATION FOR PARENTS

EUGENE B. COOPER, Ed.D.

Published by
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FOREWORD

This booklet is for parents of children who stutter. Its primary purpose is to help remove some fears, banish a good deal of the guilt with which these parents have been burdened, and convey a real sense of hope that is justified by what is now known about the problem of stuttering. The suggestions included herein will enable parents to work hand in hand with the speech-language pathologist in planning a treatment program when necessary.

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THE PROBLEM OF STUTTERING

When a person repeats or prolongs an unusual number of sounds or hesitates for an abnormally long time between sounds, we usually say that that person stutters. The term "stuttering" is now the most popular label for certain kinds of fluency problems. The term "stammering," which has come to have the same meaning as "stuttering," is still used, but not as often.

This booklet is concerned with the problem of stuttering that exists in children who appear "normal" in all other respects. The booklet is not written for those children whose stuttering behavior is related to such problems as brain damage, cerebral palsy, mental retardation, mental illness, or severe language problems of any origin. Typically, if any one of the above problems is present, the apparent stuttering behavior is usually the least of the child's problems and can be treated only in conjunction with treatment prescribed for the more serious problems. Again, this booklet is written for the parent of the child whose major and perhaps only observed problem is one of being less fluent than most.

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ABOUT STUTTERING

Stuttering has been a problem since the days when people began to keep a record of their lives. For example, the Old Testament describes how Moses spoke through his brother Aaron because he was "thick of tongue." We assume Moses stuttered. Stuttering is found at all levels of the socioeconomic scale, at all levels of intelligence, and in all parts of the world. Although the incidence of stuttering may vary among cultures, no group is known to escape stuttering completely.

Stuttering seems to occur in males three to four times more frequently than in females—an interesting, rather than a unique, characteristic considering that many complex behavioral disorders seem to occur significantly more often in males. Most stuttering of the kind we are discussing begins gradually; only a few cases of sudden onset have been reported. Although stuttering behavior can follow suddenly after severe head injury or emotional shock, the kind of stuttering behavior discussed in this booklet typically begins gradually and, with very young children, develops as speech and language skills are gained.

The Unpredictability of Stuttering

How much a person stutters varies greatly from time to time, from situation to situation, from day to day, from week to week, from year to year, and even from minute to minute. Even more puzzling is the fact that the degree to which a person might stutter in a given situation cannot be predicted. A child who might be expected to stutter while under stress will often speak very fluently. On the other hand, when circumstances seem "right" for fluency, the child's speech may be filled with nonfluencies. Such frustrating inconsistency holds true for adults as well as for children who stutter; most cannot predict with perfect accuracy when they are going to have trouble.

The Pattern of Stuttering

Although the frequency and severity of stuttering vary, the pattern of stuttering does follow some consistency. For example, stuttering occurs most freqently on the first words spoken in phrases and in sentences. Also, certain types of words are stuttered more frequently than others. Individuals who have stuttered for long periods of time are generally able to list those words and sounds on which they will likely stutter most.

Stuttering does seem to "run in families." With as many as fifty percent of those who stutter long term reporting that other members of their families have or have had similar problems, some authorities are now convinced that heredity is a causal factor in many instances of stuttering. Research to determine just how the problem might be inherited is under way.

Early Stuttering

Many children who stutter for a significant period of time seem to "outgrow" stuttering. We know that children between the ages of two and five are never totally fluent as they begin to put sounds, words, and sentences together. A small number of children, however, speak with less fluency than others and seem to continue to have trouble even as they grow older.

About five out of every hundred children experience periods during which stuttering is apparent in their speech. These periods may be noticed first with the onset of speech, any time after the first year of life, but seldom after the age of sixteen. Periods of nonfluency such as this may last anywhere from two months to five years.

Many children stop stuttering without any formal help. In fact, some authorities say that as many as four out of the five children who stutter at some point in their lives acquire fluent speech without speech therapy. A more conservative estimate is

that about half will cease to stutter without therapy. Obviously, these facts are encouraging to parents of young children who begin to stutter. This booklet will help parents determine if their child who stutters needs therapy and what they can do to make the child's speech more fluent.

THE CAUSES OF STUTTERING

Too many people believe that stuttering is "psychological." Although most who hold this belief are not usually sure what "psychological" means, studies indicate that many think stuttering is a symptom of some underlying emotional condition.

In addition, they think that stuttering is caused by some undefined stress being placed on the child in the home environment. Fortunately for both children who stutter and those responsible for them, such beliefs are now being challenged. It may take a while to change the common misconception about such problems, but the unnecessary suffering imposed on children who stutter and their parents by the misinformed is beginning to subside.

Combination of Factors

Many, if not most, authorities on the problem of stuttering would probably say that the kind of stuttering discussed in this booklet is the result of a combination of things—of "multiple, coexisting factors." In other words, stuttering comes when several factors are present in a given time. If any one of the factors is not present at the right time, the result will be different. Stuttering, then, is viewed as the result of a combination of factors, some physical and some environmental, that occurred and may continue to occur at particular times. Researchers are just now beginning to identify some of the factors that appear to be related to stuttering.

An increasing amount of research data suggests that persons who stutter may have "timing" problems related to the body's control system. This research suggests the presence of physical abnormalities so slight that they show up as stuttering only when other factors affecting the person are such that a breakdown in the speech mechanism occurs.

Perhaps this system can be compared with the way a car works on different mornings. On damp mornings the motor is hard to start, but on dry mornings there is no trouble. We might say that the car's motor is fine as long as outside factors, such as the weather, are controlled. A mechanic checking the car on a dry day would probably not find anything noticeably wrong with the motor and would have to be told the whole story in order to investigate the problem.

Because our body's control system, consisting of the brain and the neurons leading to and from the muscles, tissues, and organs, is a great deal more complex than the timing system in a car, we can see easily that many more outside factors can affect our body's functioning. While researchers may continue to hunt—like needles in a haystack—both the physical and environmental factors that affect fluency, it undoubtedly will be a long time before they can put them all together. Fortunately, in the meantime, we already know enough to be able to help those who stutter increase their fluency, even if the cause of the problem may not yet be known.

Muscle Coordination. For fluent speech, muscle activity in three areas must be coordinated: 1) in the area that controls breathing, 2) in the area that controls the voice box (larynx), and 3) in the area that controls the tongue, lips, and jaw. There is evidence to indicate that persons who stutter experience a lack of coordination between these three muscle groups during speech. In some, the major lack of coordination may be related to the breathing needed for fluent speech. In others, there may be a lack of coordination in the movements of the tongue, lips,

and jaw. Some authorities believe that the majority experience a lack of coordination of the muscles in the larynx (voice box) during speech. At any rate, enough is now known about stuttering to suggest that if persons who stutter are trained to change their breathing patterns; adjust the manner in which they use their voice box; and modify how they make sounds with their tongue, lips, and jaw, their fluency can be increased.

This recent discovery may explain why parents who in the past told their children to slow down and take a big breath sometimes found the children's stuttering decreasing. By slowing down and taking a deep breath, these children may have accidentally increased the coordination between these speech activities to produce fluent speech. How children change their speaking patterns is critical; speech and language clinicians today are able to help parents be more specific in their instructions and therefore more successful in increasing fluency.

Emotional Factors. While researchers have studied the physical factors that may contribute to stuttering, others have been investigating how feelings and emotions interact to actually change the way a person's body works. We all know that our ability to perform some skill such as bowling or tennis can be increased or decreased by the degree of emotional stress we are under at the time. Some degree of stress may increase our coordination while no stress at all or a great deal of stress may lessen our coordination. At any rate, we know that how we feel can affect our performance. So it is with children who stutter. How the young nonfluent child feels about stuttering and about speaking may very well contribute to the problem or to the problem's solution.

Parents' Role. This concern about feelings has led to much misunderstanding and unnecessary fear in parents of nonfluent children. Many parents, physicians, and even speech-language pathologists continue to hold the belief that parents, by overreacting to normal nonfluencies, are the primary cause of

stuttering. Parents have become fearful that if they react at all to a child's speech they will create anxiety and increase nonfluency. Obviously, if a parent becomes emotionally disturbed because a child is nonfluent, the child will probably suffer in some way. However, there is little or no evidence that the kind of stuttering with which we are concerned in this booklet is caused simply by parental reactions. In fact, research on stuttering conducted during the past few years suggests that most parents of young children who stutter must be doing more "right things" than "wrong things" in the ways they are responding to their child's stuttering. Parents may even be credited for the significant number of recoveries from stuttering observed in young children. This booklet will suggest ways in which parents can help even more.

WHICH NONFLUENT CHILD NEEDS HELP?

How can we tell which nonfluent child needs help? Several factors are important. Probably some of the first information that the speech-language pathologist will seek from parents will relate to the areas following:

What Kind of Stuttering? Whole-word and whole-phrase repetitions are very common among all children learning language. For example, it is quite normal for a child to say "Mommy... Mommy...Mommy" or "Daddy look...Daddy look...Daddy look." Simple sound repetitions such as "M-m-m-mommy" are quite frequently observed among all children. Less frequently observed are extended sound repetitions that last for five or more repetitions, such as "D-d-d-d-d-daddy." Sound prolongations such as "sssssssssssssoap" do occur commonly in children, but are relatively brief in duration and spoken with no obvious tension in the speech mechanism. Nonfluencies in

which the air flow is cut off abruptly (blockings) resulting in periods of silence between sounds are more predictive of stuttering-type speech, particularly when tension or struggle can be observed in the child during the sound hesitancy. There is some evidence to indicate that children whose nonfluencies were first noticed as blockings rather than as sound repetitions or sound prolongations are those children who will most likely need help.

One particular form of initial sound repetitions might indicate that the child will need help. In this instance, the child, rather than repeating the initial syllable as it really sounds (such as "to-to-to...today") inserts an "uh" after the initial letter (such as in "tuh-tuh-tuh...today"). Another example might be the child who says "buh-buh-buh...beet" rather than "be-be-be-beet." Typically, when inserting this unnecessary sound, the child must abruptly stop the vocal flow to complete the word correctly. Thus, the insertion of the "uh" sound in the syllable repetition frequently leads to a blocking of the air flow and may indicate that the child's nonfluencies are complex.

How Often? The number of nonfluencies observed in all children varies so much that it would be useless to try to define a "normal" number of nonfluencies for any particular speaking situation or for any particular age group. For this reason, parents who are concerned with the number of nonfluencies their child is exhibiting can probably be best assured by seeing a speech-language pathologist who can observe and make some judgments. We do know that children whose nonfluency is frequent and consistent in most situations are those who often need help.

How Long? If the average duration of nonfluency is two seconds or greater, help will likely be needed. The duration of nonfluencies varies greatly in children. Those who appear to attempt to alter their speech pattern during sound repetition, prolongation, or hesitancy may be regarded as having a problem that bears watching.

Changes in Pitch and Loudness. If the child's voice rises markedly in pitch or becomes noticeably louder when trying to get a word out, the child may be indicating an attempt to change the speech pattern to gain fluency. Generally, such behavior suggests a problem warranting help.

"Struggling." If the child appears to attempt to "struggle free" from the nonfluency by making exaggerated movements of the tongue, lips, or jaw, the child probably is in need of help. Such speech mechanism "struggle behavior" might be noticed as tremors in the area of the mouth or in unusual positionings of the tongue, lips, or jaw.

Other children who experience real difficulty in getting words out fluently may begin to use what appears to be unnecessary and distracting head and body movements during moments of nonfluency. These movements frequently take the form of head jerks, eye blinks, foot tapping, hand gestures, or wrinkling of the brow. The child who uses these types of movements in an apparent attempt to become fluent typically needs and can benefit from therapy.

Avoiding Words or Speech. The nonfluent child who begins to avoid using certain words for fear of stuttering or begins to avoid any speech situations probably needs help, no matter how mild the stuttering. Children may attempt in many ways to avoid words on which they feel they will stutter. Some children simply pause, "wait the feeling out," and then attempt the word. Other children may insert unnecessary words or sounds until they are more confident they can say the word fluently. It may be difficult at times to be certain if the child is avoiding stuttering by such actions unless the child actually says so. It is also sometimes difficult to determine if the child is avoiding speaking or situations in which speech is required because of the stuttering. Observation over a period of time in many situations may be necessary before a judgment can be made.

The Child's Feelings. Children may express fear of stuttering in any number of ways ranging from fleeting facial expression to readily observable tears of frustration and anger at not being able to get words out easily. Such expressions of emotion are signals that the child needs help.

Parents who watch and listen can provide the clues on which a treatment program can be built.

SUGGESTIONS FOR PARENTS

The best piece of advice that can be given to a parent of a nonfluent child is: *Take your child to a speech-language pathologist for a speech and language evaluation.* The peace of mind that such an evaluation can bring is worth far more than probable cost. In addition, the speech and language evaluation may lead to the initiation of activities that can mean the difference between chronic stuttering and attainment of fluency.

Early treatment for stuttering, as for most behavioral disorders, is critical for controlling, or even eliminating, the problem. Stuttering is not the kind of problem that can be ignored on the assumption that it will disappear. In fact, the ignoring of nonfluency may well be one of the multiple factors that cause stuttering to take hold. A child who fails to receive instruction needed to change certain speech patterns will usually struggle blindly to be fluent. Even if the odds appear as high as four to one that a child with an abnormal degree of nonfluency will outgrow stuttering, the parent who ignores the problem is taking a major gamble. Some authorities hold that parents, by taking action to see if help is needed, may be the single most important factor in explaining the significant number of children who stop stuttering without formal therapy. Again, the best piece of advice for the parent of a nonfluent child is: *See a speech-language pathologist.*

Recognize Differences

Recognition that each child is different makes the development of a general "dos and don'ts" list for parents impossible. Obviously a "do" for one child is a "don't" for another child. This author is reminded of an experience early in his professional career when he worked Saturdays in a small Pennsylvania Easter Seal clinic. For several weeks he had been seeing a third grade boy who stuttered quite severely. The boy's father would bring the child into the clinic each Saturday morning, and the author noted that each time the boy had a particularly long stuttering block, the father would gruffly admonish the boy to "just slow down and take it easy."

Judging that such a parental response was making the boy's stuttering worse, the clinician searched through his files and found a list called "Dos and Don'ts for Parents of Stutterers" that included the warning that parents should *not* react to their child's stuttering. The author gave this list to the father and, without commenting on how he had seen the father react to his son's stuttering, went over each item carefully. During therapy the following Saturday, the son appeared depressed and for the first time uninterested in working on his speech. It did not take too much to get the boy to tell what was wrong. He had decided his parents had "given up" on him because they didn't try to help him anymore with his stuttering. Today, every time this author gets ready to tell parents to change their behavior with their child, he thinks of that boy. Perhaps more importantly, he has substituted his old lists of "dos and don'ts" with lists of "think abouts."

The checklist on pages 17-19 includes some things that parents might wish to "think about" to gain understanding of their role in helping the speech-language pathologist to aid the child who is nonfluent. Specific instructions for handling specific problems must come from the pathologist involved, who will consider each child's situation uniquely.

SOME "THINK ABOUTS"

Observe the Stuttering. Listen and Watch.

A. What kinds of nonfluencies does the child have?

1. Are some sounds prolonged such as "ssssssoap"?
   a. How many seconds does the prolongation usually last?
   b. Is tension noticeable in the face, throat area, or body during the prolongation?
   c. Does the pitch change during the prolongation?
   d. Does the child's breathing before or after the sound prolongation appear unusual?

2. Are some sounds, syllables, words, or phrases repeated, such as "l-l-l-l-l-l-like"?
   a. Which are repeated most—Sounds? Syllables? Words? Phrases?
   b. How many seconds do the repetitions typically last?
   c. How many times is the sound, syllable, word, or phrase usually repeated?
   d. Is tension noticeable in the face, throat area, or body during the repetitions?
   e. Does the breathing pattern before or after the repetitions appear unusual?
   f. Does the child insert unnecessary sounds in the sound repetition?

3. Are there unusually long hesitations between sounds?
   a. How many seconds typically lapse between sounds?
   b. How many seconds do the longest hesitations typically last?
   c. Is tension noticeable in the face, throat, or body during the hesitation?
   d. Is there any apparent struggle behavior in the tongue, lips, or jaw during the hesitations?

c. Does the child's breathing pattern before, during, and after the sound hesitation appear unusual?

4. Which kind of nonfluency is most typical for the child? Least typical?

B. What kinds of distracting behaviors accompany the nonfluencies?

1. Are there any distracting head, arm, leg, trunk, foot, hand, or finger movements during a nonfluency?

2. Are there any distracting slow or rapid breathing movements immediately before, during, or after the nonfluencies?

3. Are there any distracting movements of the face during the nonfluencies such as flaring nostrils, eye blinks, eye movements, wrinkling of the forehead, wrinkling of the nose?

4. Are there any distracting uses of unnecessary sounds, words, or phrases during periods of nonfluency, such as "you know, you know, you know" or "ah, ah, ah, ah"?

5. Are gestures used to substitute for words during periods of nonfluency?

6. Are there any distracting changes in voice during periods of nonfluency such as shifts in pitch, loudness, rate, or speech rhythm?

C. What kinds of speech situations appear most difficult for the nonfluent child?

1. Are the child's nonfluencies more noticeable when:
   a. Asking for attention?
   b. Answering a question?
   c. Telling a story?
   d. Engaged in unstructured play?
   e. Reading aloud?
   f. Talking on the telephone?

2. Are the child's nonfluencies more noticeable when:
   a. Talking with mother?
   b. Talking with father?
   c. Talking with brothers and sisters?
   d. Talking with other children?
   e. Talking with adults?
   f. Talking with teachers?

3. Are the child's nonfluencies more noticeable at:
   a. Home?
   b. School?
   c. Church?
   d. Playground?
   e. Other homes?

4. Are the child's nonfluencies more noticeable when:
   a. Talking with one other person?
   b. Talking in small groups?
   c. Talking in classroom situations?
   d. Reading to one other person?
   e. Reading to others?

D. What kinds of things does the child do to avoid nonfluencies? Does the child:

1. Substitute words?
2. Remain silent?
3. Say "I don't know" rather than answer?
4. Say as few words as possible?
5. Refuse to answer the telephone?

Because stuttering is such a complex problem involving so many behaviors it is not surprising that adults as well as children can feel overwhelmed trying to get everything in place in their minds. One aid for doing this is to draw a "stuttering apple" such as that shown on page 21.

Draw the "core" as a large circle in the center of the apple, and in it write a simple description of the child's nonfluencies, such

as "getting stuck on words," "getting stuck on sounds," etc. Draw some circles around the core for notating the things the child does *when* stuttering and the things the child does *because* of stuttering. Things to write in the "when" circles might include "eye blinks," "head jerks," or "hand movements." Things to write in the "because" circles might include "not answering the phone," "saying 'I don't know' to questions," or "not answering questions," etc.

If a young child has no "whens" and "becauses" worth mentioning in a stuttering apple, the problem might be in an early stage of development. The more "whens" and "becauses" the child has, the more likely it is that help is needed.

Talk Openly about Stuttering

If we understand that every human being is sometimes nonfluent and that the millions who stutter are simply more nonfluent than most, then why should anyone fear talking about stuttering with the young child who stutters and needs help? A parent's fear of discussing stuttering with the child or even of using the word "stuttering" in the child's presence, can actually instill a fear of both the act and the word in the child's mind. Anyone working with preschoolers knows that if adults are afraid to use the word "stuttering" or to comment on nonfluencies, the nonfluent child's playmates are not. Popular literature that persistently warns parents to keep the subject of stuttering "quiet" is unreasonable as well as unrealistic. If a child's speech is noticeably nonfluent, parents can assist best by talking openly about the problem and letting the child know that stuttering is not "bad." The child will then most likely talk openly and rationally about the problem, too.

Talking about stuttering will often become paramount when parents decide to take the child for professional help. What should the child be told? Children over three years of age will usually demand an explanation of some kind. The best

INSTRUCTIONS: Write in the circles the things the child does WHEN stuttering and the things the child does BECAUSE of stuttering.

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approach might be for parents to explain openly their intention in helping the child to talk smoothly. The word "stuttering" might be introduced through an explanation that "stuttering" means having trouble getting words out and that if a person stutters too much a problem can result. Parents might then suggest simply that they are going to see someone who can help determine whether the child's trouble in getting words out will become a stuttering problem and what they can do about it.

Keep the Stuttering from Becoming a "Big Issue"

Because a person's ability to do anything complex can be hampered by too much stress, it is important that a child attempting to gain fluent speech be free of too much pressure. The stuttering should not be allowed to become a major issue in a child's life.

Children learn to feel about things primarily from their parents. If the parents feel something is bad, then the young child will likely feel the thing is bad. If the parents feel stuttering is a horrible affliction, the young child will feel, in turn, that stuttering is a horrible affliction. If the parents feel the child is bad because of stuttering, then the young child will feel that he or she is bad because of the stuttering. If the parents feel angry at the child because they think the child could be fluent by using self-control, the child will most likely project anger inward because of inability to control the stuttering.

Assuming that the child will adopt the feelings of the parents about the stuttering and that the parents want the child to have feelings that will encourage fluency, the parents might begin by identifying their own feelings about the problem. As we all know, trying to sort out our feelings is no easy task. When it comes to such a complex problem as stuttering, chances are that the parent can use the help of the speech-language pathologist to do so. Typical questions parents might want to ask themselves include:

Do I feel guilty about my child's stuttering?

Do I blame myself for the stuttering?

Do I feel stuttering is a shameful thing, an embarrassing thing, or a bad thing?

Am I angry at my child because he or she stutters?

Do I resent my child because he or she stutters?

Do I feel impatient or angry when my child stutters?

Once parents have identified their feelings regarding the stuttering, they can ask themselves if they want their child to have the same feelings about the stuttering. The parents may then identify those feelings that might be harmful to the child and can begin to ask themselves why they feel as they do. In some instances the feelings will be based on inaccurate information regarding the nature of stuttering. Such feelings can be modified easily with information about stuttering and how it can be treated.

In other instances the feelings may have a much deeper basis and because of their complexity be much harder to change. For example, a parent may react very emotionally to the stuttering because of a series of events in the parent's own life. Because those past events are not subject to change, it is unlikely that the feelings can be changed easily. However, knowing that the feelings exist and why they exist may enable the parent to direct the expression of those feelings away from the child's stuttering problem. By identifying and understanding their own feelings about the child's stuttering, parents can assist the child in developing feelings that will help in overcoming the problem and keep stuttering in perspective.

What kinds of feelings seem to be helpful to children in keeping their stuttering in perspective? Feelings that encourage fluency, such as:

1. Nonfluencies and stuttering are caused by many things over which a person has little or no control; no one is the blame.
2. People who suttter are no different from other people except that they get "stuck" getting words out.
3. There is nothing "wrong" or "bad" about stuttering.
4. Stuttering is such a complex problem that help is often needed to solve it; it is smart to ask for help with complex problems of any kind.
5. Stuttering is the kind of problem for which there is help and a great deal of hope; stuttering can be overcome.

Respond to the Stuttering

Perhaps the easiest and most popular advice given to parents of very young stutterers is: *Ignore it.* Unfortunately, advice of this kind too often produces more rather than less anxiety and fear in both parents and children. Some parents, in trying to ignore stuttering, actually overreact to it by freezing when the child stutters or by responding too quickly in an attempt to "cover up." Such unreal reactions make parents feel worse about the stuttering, and the child, of course, probably becomes even more confused and anxious, left to conclude mistakenly that stuttering is so bad that it should not be talked about and that the best solution lies in pretending the problem does not exist. Rather than ignore stuttering, it may be wise to respond in such a manner as to help the child remain as calm about the stuttering as the situation allows. Just how this may be done will vary from child to child and from situation to situation and will require that the parent be "tuned in." The speech-language pathologist can help with this approach. The following, however, may be considered to be among responses that can help to keep stuttering controlled:

• ***Responses that indicate the parent is not angry with the child because of the stuttering.*** Almost every parent has developed a set of nonverbal signals for sending messages in the family. The parent of the nonfluent child might wish to send a signal when the child is having a particularly rough time with speech, indicating that the parent is "with" the child and not at all angry or upset at the stuttering. If the approval can be expressed verbally without embarrassing the child, the parent might say, "Wow, it was tough getting that word out, wasn't it?" Verbal responses frequently are preferable because signals and other nonverbal communications can be so easily misunderstood. The parent need not express feelings about the stuttering every time the child is nonfluent. Judgment will be needed.

• ***Responses that indicate the parent is not blaming the child for the stuttering.*** Some parents who try to help their nonfluent children become more fluent actually make them feel as if they were to "blame" for their stuttering. For example, parents who say, "Now, if you would just slow down you wouldn't stutter so," and at the same time display feelings of anger, frustration, and fear or any negative emotion can make the children feel that they are "bad." Parents who convey a positive and supportive response will help most.

• ***Responses that help the child identify and express feelings.*** Because feelings are significant to the development and treatment of stuttering, parents of nonfluent children are encouraged to teach their children to identify and express feelings verbally. Most parents are unaware that they can be excellent teachers of verbal expression as well as of language and speech. Awareness of this kind can be developed through discussions with the speech-language pathologist. Perhaps one specific response that might be avoided generally is the one which most people give "naturally" to loved ones who express unhappiness or displeasure with themselves: "Oh, you shouldn't feel that way." When people are told how they should or should not feel, they frequently are discouraged from expressing real

feelings. Parents who ask questions about feelings and suggest words to describe how the child "might" feel, rather than tell the child how he or she "should" feel, will be helpful. When children are convinced that their parents understand their feelings, they will be more willing to listen to judgments regarding their feelings.

As children begin to use words to express feelings, parents can offer reinforcement by letting their pleasure be known and by encouraging more talk about feelings—an actual "thinking out loud." Rather than ask *why* children feel as they do, parents can encourage an exploration of feelings by saying something like, "I know what I mean when I say I am upset, but I am not sure I know what you mean when you say you are upset. Can you help me understand?" Parents who are too quick in asking children why they feel as they do may, however, cut off expression of feelings. Children who talk and think out loud gradually develop an awareness of feelings and at the same time provide parents with the kind of information they need in order to provide help.

Parents' response to expression of feelings, no matter how far out the feelings may seem, should be aimed at keeping expressions coming. For example, if a child says with real feeling, "I'm dumb because I stutter," a parent might respond with, "I think I know how you feel. It's rough when you can't get the words out." Such response might encourage the child to expand on the feeling. The parents can make certain at another time that the child *knows* people do not stutter because they are dumb. The child probably *knows* that already, but may still *feel* dumb, and that is what is important for parents to understand.

Focus on the Fluency

It is difficult to be positive when a child struggles to get words out. However, like the old admonition to keep your eyes upon

the doughnut and not upon the hole, it is wise to remember that the child will be fluent more than ninety percent of the time. Even those who stutter most severely are nonfluent less than ten percent of the time. Awareness of a child's fluency can serve as a reminder to parents that the child's speech mechanism is capable of producing fluent speech and that, with help, the child can learn to make necessary adjustments.

Be a Parent—Not a Pathologist

Because the kind and number of adjustments needed vary from child to child and can be determined only after speech-language evaluation, parents are advised *not* to take upon themselves the responsibility of offering specific suggestions for speech change. For example, although it is known that slowing the rate of speech helps many children to become more fluent, *how* the rate is slowed is of major importance. Some children are helped by prolonging each syllable or by taking a breath between words or phrases. A speech-language pathologist is the only person qualified to determine which method is best and how to apply it.

KINDS OF THERAPY PROGRAMS

Approaches to treatment also differ. Some approaches used with very young children focus primarily on handling the child's feelings and attitudes; the parents become the center of attention in the treatment program. Such programs are conducted with the belief that children who do not become overly anxious about their nonfluencies are capable of experimenting with and making adjustments in their speech mechanism on their own.

Some treatment approaches teach children to adjust using their speech musculature, but give relatively little attention to the feelings or attitudes the children might have about the problem. Speech-language pathologists using this approach conclude that

children who are taught early to make adjustments necessary for fluent speech will have no problems with feelings and attitudes about speech.

Other treatment approaches focus attention on both the young child's feelings and changes in the use of the speech mechanism. It appears safe to say that no single treatment program is "best" and that, fortunately, very young nonfluent children are being helped every day through the variety of programs described.

Drugs and Hypnosis. As new types of drugs and new techniques in hypnosis become available they are continually being tested alone and together for their effect on stuttering. The current belief is that some drugs and some forms of hypnosis may be helpful when used in conjunction with speech therapy, but appear to be of little or no lasting value when used as the only form of treatment.

The Duration of Therapy. Therapy programs prescribed by the speech-language pathologist may be expected to last from a few weeks to several years. Weekly sessions an hour or two long that involve both parents and child and extend over a period of several months are common.

Parents may be asked to decide between short-term intensive therapy programs that last all day for three to eight weeks and long-term, nonintensive therapy programs that run for an hour or two a week for six to twelve months. Although both types of programs have merit, it may be helpful for parents to know that while short-term intensive programs may produce dramatic immediate results in increased fluency for the children, the chance for a "relapse" following the completion of such programs is markedly higher than in nonintensive long-term programs. Speech-language pathologists usually offer opportunities for children to receive "follow-up" assistance for a period of several months on conclusion of short-term therapy.

FOR HELP . . .

Inquiries for additional information concerning help for children who stutter may be addressed to the following:

National Easter Seal Society
for Crippled Children and Adults
2023 W. Ogden Avenue, Chicago, IL 60612
or to the
Easter Seal Society in your state or community

American Speech-Language-Hearing Association
10801 Rockville Pike
Rockville, MD 20852

Division for Children with Communication Disorders
The Council for Exceptional Children
1920 Association Drive
Reston, VA 22091

Bureau of Education for the Handicapped
U.S. Office of Education
400 Maryland Avenue, S.W.
Washington, DC 20202

SPEECH - LANGUAGE PATHOLOGISTS

Approximately fifty thousand speech-language pathologists in the United States work in public and private schools, hospitals, health departments, clinics, and private practice. The term "speech-language pathologist" is now accepted as the formal name for specialists trained to assist persons with speech and language disorders. These specialists have been called "speech clinicians," "speech and hearing therapists," "language clinicians," or "speech correctionists." Most speech-language pathologists working in public and private clinics and hospitals hold a Certificate of Clinical Competency in Speech issued by the American Speech-Language-Hearing Association. In addition, speech-language pathologists are licensed in more than twenty states. Either of these credentials should indicate that the speech-language pathologist has the proper training to assist the child who stutters as well as the child's parents.